

Food Establishment Inspection Report						Page 1 of 2
Establishment Name: WNMC P - Dining		Physical Address: 2111 Lobo Canyon		City: Grants	State: NM	Zip Code: 87020
Permit #: 002160	Permit Expiration Date: Oct 2020	Phone:	Email:		Est. Type: F	
As Governed by State Regulation 7.6.2 NMAC NMED Environmental Health Bureau 121 Tijeras Ave. NE, Albuquerque NM 87102			Purpose of Inspection: <input type="checkbox"/> Pre-Opening <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Complaint <input type="checkbox"/> Closing <input type="checkbox"/> Opening <input type="checkbox"/> Re-inspection <input type="checkbox"/> Investigation <input type="checkbox"/> CAR <input type="checkbox"/> Other <input type="checkbox"/> Initial Operational		Risk Category: Time In: 10:30 Time Out:	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS						
Circle designated compliance status (IN, OUT, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						
Compliance Status				Compliance Status		
Supervision				Protection from Contamination		
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties	16	IN	OUT
2	IN	OUT	Certified Food Protection Manager	17	IN	OUT
Employee Health				Time/Temperature Control for Safety		
3	IN	OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting	19	IN	OUT
4	IN	OUT	Proper use of restriction & exclusion	20	IN	OUT
5	IN	OUT	Procedures for responding to vomiting and diarrheal events	21	IN	OUT
Employees				Consumer Advisory		
6	IN	OUT	Food Handler Cards	26	IN	OUT
Good Hygienic Practices				Highly Susceptible Populations		
7	IN	OUT	Proper eating, tasting, drinking, or tobacco use	27	IN	OUT
8	IN	OUT	No discharge from eyes, nose, and mouth	Food/Color Additives and Toxic Substances		
Preventing Contamination by Hands				Conformance with Approved Procedures		
9	IN	OUT	Hands clean & properly washed	28	IN	OUT
10	IN	OUT	No bare hand contact with RTE foods or pre-approved alternative procedure properly followed	29	IN	OUT
11	IN	OUT	Adequate handwashing sinks; supplied & accessible	30	IN	OUT
Approved Source				HACCP		
12	IN	OUT	Food obtained from approved source			
13	IN	OUT	Food received at proper temperature			
14	IN	OUT	Food in good condition, safe, & unadulterated			
15	IN	OUT	Required records available: shellstock tags, parasite destruction			
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.				No. of Risk Factors / Intervention Violations 8 No. of Repeat Risk Factors / Intervention Violations 0		
GOOD RETAIL PRACTICES						
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						
Safe Food and Water				Proper Use of Utensils		
31			Pasteurized eggs used where required	44		
32			Water & ice from approved source	45		
33			Variance obtained for specialized processing methods	46		
Food Temperature Control				Utensils, Equipment and Vending		
34			Proper cooling methods used; adequate equipment for temperature control	48		
35			Plant food properly cooked for hot holding	49		
36			Approved thawing methods used	50		
37			Thermometers provided & accurate	Physical Facilities		
Food Identification				Prevention of Food Contamination		
38			Food properly labeled; original container	51		
39			Insects, rodents, & animals not present	52		
40			Contamination prevented during food preparation, storage & display	53		
41			Personal cleanliness	54		
42			Wiping cloths: properly used & stored	55		
43			Washing fruits & vegetables	56		
Reinspection: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date: 10/26/2022 Corrective Action Response: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date:				No. of Good Retail Practices Violations 0 No. of Repeat Good Retail Practices Violations 0		
Status: (check one) Approved <input checked="" type="checkbox"/> Unsatisfactory <input type="checkbox"/> Immediate Closure <input type="checkbox"/> Voluntary Closure <input type="checkbox"/>				Person in Charge: (Signature) [Signature] Inspector: (Signature) [Signature]		

Food Establishment Inspection Report

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As Governed by State Regulation 7.6.2 NMAC
 NMED Environment Health Bureau
 121 Tijeras Ave NE, Albuquerque NM 87102

Establishment Name:

W N M C F
 Jimmy B

Permit #:

002160

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot Holding	142°F				
Vegetables	136°F				
Mac	134°F				
Meat	141°F				
Refrigerator	-9°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in section 8-405.11 of the Food Code.

Item
Number

Note: No Violations noted

Person in Charge: (Printed)

Inspector: (Printed)

Ramon Dros

Person In Charge: (Signature)

Inspector: (Signature)

Date: 1/22/2020

Food Establishment Inspection Report

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Establishment Name: WNMCF	Physical Address: 2111 Lobo Canyon Rd	City: Grants	State: NM	Zip Code: 87020
Permit #: 000115	Permit Expiration Date: 04/2020	Phone:	Email:	Est. Type: I



As Governed by State Regulation 7.6.2 NMAC
NMED Environmental Health Bureau
121 Tijeras Ave. NE, Albuquerque NM 87102

Purpose of Inspection:

<input type="checkbox"/> Pre-Opening	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Complaint	<input type="checkbox"/> Closing
<input type="checkbox"/> Opening	<input type="checkbox"/> Re-Inspection	<input type="checkbox"/> Investigation	<input type="checkbox"/> CAR
<input type="checkbox"/> Other	<input type="checkbox"/> Initial Operational		

Risk Category:

Time In:	10:30
Time Out:	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/A=not observed N/A=not applicable

COS=corrected on-site during inspection

R=repeat violation

Compliance Status		COS	R
Supervision			
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Certified Food Protection Manager		
Employee Health			
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction & exclusion		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events		
Employees			
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food Handler Cards		
Good Hygienic Practices			
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper eating, tasting, drinking, or tobacco use		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Hands clean & properly washed		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	No bare hand contact with RTE foods or pre-approved alternative procedure properly followed		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks; supplied & accessible		
Approved Source			
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Food received at proper temperature		
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated		
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Required records available: shellstock tags, parasite destruction		
Protection from Contamination			
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces; cleaned & sanitized		
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Food separated & protected		
Time/Temperature Control for Safety			
19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper cooking time & temperatures		
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper reheating procedures for hot holding		
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper cooling time & temperature		
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper hot holding temperatures		
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper cold holding temperatures		
24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper date marking & disposition		
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Time as a Public Health Control; procedures & records		
Consumer Advisory			
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw/undercooked foods		
Highly Susceptible Populations			
27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used		
29 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
30 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Compliance with variance / specialized process / HACCP		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

No. of Risk Factors / Intervention Violations

0

No. of Repeat Risk Factors / Intervention Violations

0

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R=repeat violation

Safe Food and Water		COS	R
31	Pasteurized eggs used where required		
32	Water & ice from approved source		
33	Variance obtained for specialized processing methods		
Food Temperature Control			
34	Proper cooling methods used; adequate equipment for temperature control		
35	Plant food properly cooked for hot holding		
36	Approved thawing methods used		
37	Thermometers provided & accurate		
Food Identification			
38	Food properly labeled; original container		
Prevention of Food Contamination			
39	Insects, rodents, & animals not present		
40	Contamination prevented during food preparation, storage & display		
41	Personal cleanliness		
42	Wiping cloths: properly used & stored		
43	Washing fruits & vegetables		
Proper Use of Utensils			
44	In-use utensils: properly stored		
45	Utensils, equipment & linens: properly stored, dried, & handled		
46	Single-use/single-service articles: properly stored & used		
47	Gloves used properly		
Utensils, Equipment and Vending			
48	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
49	Warewashing facilities: installed, maintained, & used; test strips		
50	Non-food contact surfaces clean		
Physical Facilities			
51	Hot & cold water available; adequate pressure		
52	Plumbing installed; proper backflow devices		
53	Sewage & waste water properly disposed		
54	Toilet facilities: properly constructed, supplied, & cleaned		
55	Garbage & refuse properly disposed; facilities maintained		
56	Physical facilities installed, maintained, & clean		
57	Adequate ventilation & lighting; designated areas used		

Reinspection:

Yes ☐No ☒

Date:

Corrective Action Response:

Yes ☐No ☒

Date:

No. of Good Retail Practices Violations

0

No. of Repeat Good Retail Practices Violations

0

Status: (check one)

Approved ☒Unsatisfactory ☐Immediate Closure ☐Voluntary Closure ☐

Person in Charge: (Signature)

Inspector: (Signature)

Date: 1/22/2020

Food Establishment Inspection Report

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As Governed by State Regulation 7.6.2 NMAC
NMED Environment Health Bureau
121 Tijeras Ave NE, Albuquerque NM 87102

Establishment Name:

WNUMCF - Maito

Permit #:

000115

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Meat	135°F				
Mac	132°F				
Vegetables	140°F				
Hot Holding	152°F				
Walk in Freezer	15°F				
Walk in Cooler #2	36°F				
Walk in Cooler #3	40°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in section 8-405.11 of the Food Code.

Item
Number

Note! No violations noted.

Person in Charge: (Printed) Belen Estuero

Person in Charge: (Signature)

FSD

Inspector: (Printed)

Ramon Orosco

Inspector: (Signature)

Date: 1/22/2022

ZG001124